

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:

LOIS L DRAYER

Debtor(s)

Case No. 16-07107

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 03/01/2016.
- 2) The plan was confirmed on 04/25/2016.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on 05/08/2018.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was dismissed on 02/11/2019.
- 6) Number of months from filing to last payment: 28.
- 7) Number of months case was pending: 36.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: NA.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$24,274.12
Less amount refunded to debtor	\$0.00

NET RECEIPTS: **\$24,274.12**

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$4,000.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$1,097.65
Other	\$10.56

TOTAL EXPENSES OF ADMINISTRATION: **\$5,108.21**

Attorney fees paid and disclosed by debtor: \$0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
500 FAST CASH	Unsecured	520.00	NA	NA	0.00	0.00
AAA CHECKMATE	Unsecured	1,065.57	NA	NA	0.00	0.00
ACL LABORATORIES	Unsecured	219.00	NA	NA	0.00	0.00
ADVOCATE ILLINOIS MASONIC CTR	Unsecured	15.00	NA	NA	0.00	0.00
ADVOCATE MEDICAL GROUP	Unsecured	74.00	NA	NA	0.00	0.00
ADVOCATE PROFESSIONAL GROUP	Unsecured	15.00	NA	NA	0.00	0.00
ALLIANCE ONE	Unsecured	86.00	NA	NA	0.00	0.00
ALLIED INT	Unsecured	200.00	NA	NA	0.00	0.00
AMERICAS FINANCIAL CHOICE	Unsecured	240.67	3,953.70	2,006.84	2,006.84	0.00
AMERICASH LOANS	Unsecured	861.19	NA	NA	0.00	0.00
APRIA HEALTHCARE	Unsecured	11.00	NA	NA	0.00	0.00
ARBOR TRAIL APTS	Unsecured	0.00	NA	NA	0.00	0.00
COLLECTION COMPANY OF AMERIC	Unsecured	155.00	NA	NA	0.00	0.00
COLLECTION SYSTEMS INC	Unsecured	76.00	NA	NA	0.00	0.00
CORPORATE AMERICA FAMILY CU	Unsecured	2,746.73	NA	NA	0.00	0.00
CREDIT FIRST	Unsecured	409.40	455.85	455.85	409.04	0.00
CREDIT FIRST NATIONAL ASSOC	Unsecured	300.00	NA	NA	0.00	0.00
CREDIT ONE BANK	Unsecured	331.00	NA	NA	0.00	0.00
CREDIT PROTECTION ASSOC	Unsecured	280.00	NA	NA	0.00	0.00
DEPENDON COLLECTION SE	Unsecured	77.00	NA	NA	0.00	0.00
GLOBAL PAYMENTS	Unsecured	1,215.46	NA	NA	0.00	0.00
H & F LAW	Unsecured	669.00	NA	NA	0.00	0.00
H&R ACCOUNTS	Unsecured	31.00	NA	NA	0.00	0.00
ILLINOIS COLLECTION SVC	Unsecured	236.00	NA	NA	0.00	0.00
ILLINOIS LENDING CORP	Unsecured	1,104.00	NA	NA	0.00	0.00
INTERNAL REVENUE SERVICE	Unsecured	4,243.11	5,369.58	5,369.58	4,818.22	0.00
INTERNAL REVENUE SERVICE	Priority	2,439.63	9,325.05	9,325.05	9,325.05	0.00
JEFFERSON CAPITAL SYSTEMS LLC	Unsecured	588.30	596.30	596.30	535.07	0.00
JEFFERSON CAPITAL SYSTEMS LLC	Unsecured	NA	311.16	311.16	279.21	0.00
LVNV FUNDING	Unsecured	331.00	376.18	376.18	337.55	0.00
MONEY MARKET PAYDAY EXPRESS	Unsecured	775.41	NA	NA	0.00	0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
NUVELL CREDIT CO	Secured	NA	0.00	0.00	0.00	0.00
NUVELL CREDIT COMPANY LLC	Unsecured	12,456.13	NA	NA	0.00	0.00
ONE CLICK CASH	Unsecured	325.00	NA	NA	0.00	0.00
ORAL SURGERY CENTER	Unsecured	85.00	NA	NA	0.00	0.00
PALOS ANESTHESIA ASSOCS~	Unsecured	121.00	NA	NA	0.00	0.00
PALOS COMMUNITY HOSPITAL	Unsecured	250.00	NA	NA	0.00	0.00
PRA RECEIVABLES MGMT	Unsecured	8,298.98	NA	NA	0.00	0.00
PRARIE MANOR REHAB	Unsecured	3,417.00	NA	NA	0.00	0.00
PREMIER BANK CARD	Unsecured	311.16	NA	NA	0.00	0.00
PRIMARY HEALTHCARE ASSOCIATE	Unsecured	44.00	NA	NA	0.00	0.00
PROFESSIONAL COLLECTION AGENC	Unsecured	390.00	NA	NA	0.00	0.00
PROGRESSIVE	Unsecured	275.83	NA	NA	0.00	0.00
QUEST DIAGNOSTIC	Unsecured	19.00	NA	NA	0.00	0.00
SIR FINANCE	Unsecured	705.29	1,175.00	1,175.00	1,054.35	0.00
SPEEDYRAPID CASH	Unsecured	400.33	446.42	446.42	400.58	0.00
ST JAMES HOSPITAL & HEALTH CTR	Unsecured	105.00	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$0.00	\$0.00	\$0.00
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$0.00	\$0.00	\$0.00
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$9,325.05	\$9,325.05	\$0.00
TOTAL PRIORITY:	\$9,325.05	\$9,325.05	\$0.00
GENERAL UNSECURED PAYMENTS:	\$10,737.33	\$9,840.86	\$0.00

Disbursements:

Expenses of Administration	<u>\$5,108.21</u>	
Disbursements to Creditors	<u>\$19,165.91</u>	
TOTAL DISBURSEMENTS :		<u>\$24,274.12</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 03/13/2019

By: /s/ Tom Vaughn

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.